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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 12406/106
<p>I hereby declare that:</p> <p>My residence, mailing address and citizenship are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>GTECH Corporation</u></p> <p>and the title of my position with said assignee is: <u>Assistant Secretary</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor Joseph C. PERIN	Citizenship USA	
Residence/Mailing Address		
Inventor David G. WAGONER	Citizenship USA	
Residence/Mailing Address		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent US 6,356,794 B1	Date of Patent Issued 03/12/2002	
Title of Invention ITEM DISPENSING SYSTEM NETWORK		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p>ITEM DISPENSING SYSTEM NETWORK</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____</p> <p style="padding-left: 100px;">and was amended on _____</p> <p style="text-align: center; padding-left: 150px;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE				Docket Number (Optional) 12406/106	
At least one error upon which reissue is based is described as follows:					
All originally issued claims are less broad than newly added claims 17 - 78.					
[Attach additional sheets, if needed.]					
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.					
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.					
Name(s)				Registration Number	
Thomas J. Meloro				33,538	
Gerard A. Messina				35,952	
Andrew L. Reibman				47,893	
Correspondence Address: Direct all communications about the application to:					
<input checked="" type="checkbox"/> Customer Number		26646		Place Customer Number Bar Code Label Here	
OR		Type Customer Number Here			
<input checked="" type="checkbox"/> Firm or Individual Name	Gerard A. Messina				
Address	Kenyon & Kenyon				
Address	One Broadway				
City	New York	State	NY	Zip	10004-1050
Country	USA				
Telephone	(212) 425-7200	Fax	(212) 425-5288		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name) Martin J. Ahljanian					
Signature				Date	
Address of Assignee GTECH Corporation, 55 Technology Way, West Greenwich, RI 02817					

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

12406/106

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number US 6,356,794 B1, granted March 12, 2002 and for which a reissue patent is sought on the invention entitled ITEM DISPENSING SYSTEM NETWORK,

the specification of which

☒ is attached hereto.☐ was filed on _____ as reissue application number _____

and was amended on _____

(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

All originally issued claims are less broad than newly added claims 17-78.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Docket Number (Optional)

12406/106

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB/81.

Correspondence Address: Direct all communications about the application to:

☒ Customer Number:

26646

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gerard A. Messina				
Address	Kenyon & Kenyon				
Address	One Broadway				
City	New York	State	NY	Zip	10004
Country	USA				
Telephone	(212) 425-7200	Fax	(212) 425-5288		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Joseph C. PERIN					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
Full name of second joint inventor (given name, family name) David G. WAGONER					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
Full name of third joint inventor (given name, family name)					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.					

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Interlott Technologies, Inc.

Application No./Patent No. 6,356,794

Filed/Issue Date: March 12, 2002

Entitled: ITEM DISPENSING SYSTEM NETWORK

GTECH Corporation, a corporation,
(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title and interest; or
2. ☐ an assignee of an undivided part interest in the patent application/patent identified above by virtue of either:
 - A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 011093, Frame 0665, or for which a copy thereof is attached.
 - B. ☒ A merger with and into GTECH Corporation, the remaining entity being GTECH Corporation, being filed concurrently herewith, a copy attached.
 - C. ☒ Copies of assignments or other documents in the chain of title are attached.


[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

Date : March 12, 2004

Name : Gerard A Messina

Title : Attorney of Record (Reg. No. 35,952)

Signature : 

Telephone : (212) 425-7200